

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2439

STATE FILE NUMBER

FILED FEB 4 1958

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 6

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 100 Wilson St.		Length of stay in lb 4 yrs.		d. STREET ADDRESS (If outside, give location) 100 Wilson St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First IDA Middle DELL Last LAKE			4. DATE OF DEATH Month January Day 27 Year 1958				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 9, 1891		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Iola, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Ewing Potter		13b. MOTHER'S MAIDEN NAME Helan (unknown)			14. NAME OF HUSBAND OR WIFE Harry Lake		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Melva Abbott, Richmond, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident						INTERVAL BETWEEN ONSET AND DEATH 5 1/2 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Arteriosclerosis							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. attended the deceased from 12-9-55 to 1-27-58 and last saw her/him alive on 1-2-58 Death occurred at 1:50 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Thomas B. Cook M.D.			22b. ADDRESS Richmond Mo.			22c. DATE SIGNED 1/28/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 29, 1958	23c. NAME OF CEMETERY OR CREMATORY Graven Cemetery		23d. LOCATION (City, town, or county) (State) Camden, Mo.		
24. FUNERAL DIRECTOR ADDRESS Thurman Funeral Home, Richmond, Mo.			25. DATE RECD. BY LOCAL REG. 1-31-58		26. REGISTRAR'S SIGNATURE Malval Jackson		

	Missouri	Richmond	Richmond	Richmond
x				
x	100 Wilson St.	100 Wilson St.	100 Wilson St.	100 Wilson St.
	JANUARY 27, 1928	DELL	IDA	
		LAKE		
	dd	April 9, 1901	white	Female
	U.S.A.	Topeka, Kansas	Own home	Housewife
	Harry Lake	Helton (unknown)		Ewing Potter
	Mrs. Helva Abbott, Richmond, Mo.	None		No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision.

Student Signed *Zorn L. Thurman*
 Signature of Student Embalmer

Licensed Embalmer No. *1563*
 P. O. Address *Richmond, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. *Burial Jan 28 1928*
 If this body is not embalmed, fact should be so stated above.

Thurman Funeral Home, Richmond, Mo.